

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Lincolnwood Mo. (No. Meramec River Opposite Osage Beach)

Registration District No. 785Primary Registration District No. 603File No. 24281Registered No. 167

2. FULL NAME

(a) Residence, No. 545 Andrews Ave.
(Usual place of abode)

Ward. Lincolnwood Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 17 1913

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

27 19 11 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

FATHER

13. NAME

Lincoln Bayless

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill

MOTHER

15. MAIDEN NAME

Martha Hawthorne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT (ADDRESS)

Mrs Martha Bayless
545 Andrews Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Manchester MoDATE 7-12-1933

19. UNDERTAKER (ADDRESS)

Louis H. Bopp
Lincolnwood Mo

20. FILED

7-11-1933 66 Barnett MML

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

7-9-1933

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 2:00 A. M.

The principal cause of death and related causes of importance were as follows:

Accident: Drowned in the
Meramec River, while in swimming.
shot in swimming, with other
comrades.

Date of onset

183
Other contributory causes of importance:
Suppuration in water 34 hours.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (Violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Lita B. Turner(Address) 3718 Jennings Rd.Coroner Attorney Co Mo 7/11/33

